

NOTIFICATION OF CHANGE OF EMPLOYER ACCOUNT INFORMATION

YOUR ACCOUNT NUMBER

Mail to: Employment Development Department
Account Services Group—MIC 28
P.O. Box 826880
Sacramento, CA 94280-0001

Owner's Name: _____

Business Name: _____

PLEASE INDICATE THE CHANGE(S) TO YOUR BUSINESS BELOW:

- A. ☐ Address change only (please provide new mailing address/telephone number below in box 1).
 B. ☐ Business discontinued without successor: ____/____/____ (please provide forwarding address below in box 1).
 C. ☐ Discontinued paying wages. Last wage payment made on ____/____/____.
 D. ☐ Change of business name. New business name: _____
 E. ☐ Change of ownership: Enter exact date ____/____/____ (please provide type of change below in box 2 or 3).

If A or B checked above:

1	STREET AND NUMBER	CITY, STATE, AND ZIP CODE	TELEPHONE NUMBER

If E checked above:

- ☐ Partial sale only, not out-of-business. ☐ Entire business sold (enter successor name and address below).
☐ Corporation formed. ☐ Partnership to sole (enter sole proprietor's name below).
☐ Corporation dissolved. ☐ Other (explain): _____

2	OWNER'S NAME(S) FOLLOWING CHANGE OF OWNERSHIP	BUSINESS NAME	BUSINESS MAILING ADDRESS

NEW Federal Employer Identification Number _____

If, ☐ Partner(s) added. ☐ Partner(s) withdrew.
(enter partner information, add or withdrawn, below)

3	PARTNER(S) ADDED/WITHDRAWN	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER

REMINDER: If you have discontinued paying wages or have discontinued your business without a successor, you have ten (10) days to file your final DE 88 with payment, Quarterly Wage and Withholding Report (DE 6), and Annual Reconciliation Statement (DE 7).

SIGNATURE _____

TITLE _____

()
PHONE NO. _____

FOR DEPARTMENT USE ONLY

ENTERED BY: _____ DATE: ____/____/____